

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2015

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE STAMFORD HOSPITAL

Employer identification number

06-0646917

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250.0000</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?		X
b If "Yes," did the organization make it available to the public?		

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,054,996.		6,054,996.	.01
b Medicaid (from Worksheet 3, column a)			107,316,744.	45,174,876.	62,141,868.	13.25
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			113,371,740.	45,174,876.	68,196,864.	13.26
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,565,214.	115,721.	3,449,493.	.74
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			3,565,214.	115,721.	3,449,493.	.74
k Total. Add lines 7d and 7j.			116,936,954.	45,290,597.	71,646,357.	14.00

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	96,142,738.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	114,510,617.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-18,367,879.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 THE STAMFORD HOSPITAL ONE HOSPITAL PLAZA STAMFORD CT 06904 WWW.STAMFORDHEALTH.ORG 0059	X			X		X	X			
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group THE STAMFORD HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12c regarding hospital facility licensing, CHNA (Community Health Needs Assessment) details, and implementation strategies.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group THE STAMFORD HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group THE STAMFORD HOSPITAL

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?		X
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?		X
If "Yes," explain in Section C.			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?		X
If "Yes," explain in Section C.			

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 5

IN TOTAL, THE HOSPITAL RECEIVED QUALITATIVE INPUT FROM 177 INDIVIDUALS.

MANY INDIVIDUALS PROVIDING INPUT REPRESENT MEDICALLY UNDERSERVED,

LOW-INCOME, AND MINORITY POPULATIONS.

ALL INTERVIEWS AND FOCUS GROUPS WERE CONDUCTED BETWEEN APRIL 1, 2016 AND

JUNE 15, 2016. THE ONLINE SURVEY WAS OPEN FROM APRIL 21, 2016 TO MAY

19, 2016.

THROUGH THE FOCUS GROUPS AND INTERVIEWS, THE HOSPITAL WAS ABLE TO GATHER

FEEDBACK FROM MANY KEY ORGANIZATIONS AND INDIVIDUALS. BELOW ARE A FEW OF

THE ORGANIZATIONS FROM WHICH FEEDBACK WAS GATHERED IN THE FORM OF EITHER

AN INTERVIEW OR FOCUS GROUP:

- CITY OF STAMFORD, DEPARTMENT OF HEALTH & SOCIAL SERVICES
- DARIEN HEALTH DEPARTMENT
- STAMFORD EMERGENCY MEDICAL SERVICES
- AMERICARES
- OPTIMUS HEALTH CARE
- DARIEN SENIOR CENTER
- NEIGHBORS LINK
- CHILDCARE LEARNING CENTERS

INDIVIDUALS WITH WHOM WE SPOKE AT ALL OF THE ORGANIZATIONS LISTED ABOVE

EITHER HAVE EXPERTISE IN PUBLIC HEALTH OR REPRESENT A MINORITY AND/OR

UNDERSERVED GROUP IN THE COMMUNITY.

PLEASE REFER TO EXHIBIT A FOR THE COMPLETE LIST OF ORGANIZATIONS

REPRESENTED THROUGH INTERVIEWS AND EXHIBIT B FOR THE COMPLETE LIST OF

ORGANIZATIONS AT WHICH FOCUS GROUPS WERE HOSTED.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THROUGH OUR ONLINE SURVEY, WE WERE ABLE TO GATHER INPUT FROM A WIDER RANGE OF INDIVIDUALS REPRESENTING MANY ORGANIZATIONS BASED IN STAMFORD OR DARIEN. BELOW IS A SAMPLE LIST OF THE ORGANIZATIONS AND GROUPS FROM WHICH REPRESENTATIVES PROVIDED FEEDBACK THROUGH OUR ONLINE SURVEY:

- STAMFORD HEALTH COMMISSION
- STAMFORD CHAMBER OF COMMERCE
- PERSON-TO-PERSON
- DARIEN COMMUNITY YMCA
- SHELTER FOR THE HOMELESS
- BUSINESS COUNCIL OF FAIRFIELD COUNTY

PLEASE REFER TO EXHIBIT C FOR A LIST OF ORGANIZATIONS FROM WHICH REPRESENTATIVES PROVIDED FEEDBACK THROUGH OUR ONLINE SURVEY. IT IS IMPORTANT TO NOTE THAT NOT ALL RESPONDENTS TO THE SURVEY PROVIDED CONTACT INFORMATION AND, THEREFORE, ARE NOT INCLUDED IN EXHIBIT C.

FOR A BRIEF DESCRIPTION OF SOME OF THE ORGANIZATIONS FROM WHOM WE GATHERED INPUT, PLEASE REFER TO EXHIBIT D.

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 8

IN RESPONSE TO THE COMMUNITY HEALTH NEEDS ASSESSMENT ADOPTED SEPTEMBER 30, 2016, STAMFORD HEALTH DEVELOPED AN IMPLEMENTATION STRATEGY WHICH WAS ADOPTED AT THE JANUARY 25, 2017 STAMFORD HOSPITAL BOARD OF DIRECTORS MEETING.

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 11

THIS REPORT WAS REVIEWED AND ADOPTED BY THE HOSPITAL'S LEADERSHIP TEAM

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AND BOARD OF DIRECTORS ON SEPTEMBER 28, 2016.

AS A NEXT STEP, STAMFORD HOSPITAL HAS IDENTIFIED A TASK FORCE THAT WILL BE RESPONSIBLE FOR DEVELOPING A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) TO ADDRESS THE 2016 HEALTH PRIORITIES. THE TASK FORCE WILL INCLUDE REPRESENTATIVES FROM OUR QUALITY, NURSING, CASE MANAGEMENT, AMBULATORY, FINANCE AND SERVICE LINE TEAMS. ADDITIONALLY, SEVERAL PHYSICIANS WILL BE ASKED TO PARTICIPATE ON THE COMMITTEE AS WELL AS LEADERS FROM THE COMMUNITY.

AS THE TASK FORCE BUILDS THE CHIP, IT WILL CONSIDER THE PROGRAMS, ORGANIZATIONS AND FACILITIES AVAILABLE IN THE COMMUNITY TO HELP ADDRESS THE IDENTIFIED HEALTH PRIORITIES. EXHIBIT G IS A PARTIAL LIST OF COMMUNITY ORGANIZATIONS AND RESOURCES WHICH MAY BE CONSULTED TO ADDRESS THE ISSUES. THE HOSPITAL WILL ALSO CONSIDER THE PARTNERSHIPS WHICH WERE ESTABLISHED OR EXPANDED IN CONNECTION WITH THE 2013 CHIP AS SET FORTH IN EXHIBIT E. FOR ISSUES IDENTIFIED THROUGH THE CHNA, BUT NOT ADDRESSED IN THE 2016 CHIP, STAMFORD HOSPITAL WILL WORK WITH ITS PARTNERS TO DETERMINE THE MOST SUITABLE RESOURCES AVAILABLE IN THE COMMUNITY TO ADDRESS THOSE ISSUES.

THE TASK FORCE WILL WORK THROUGHOUT THE FALL TO DEVELOP THE CHIP. THE FINAL PLAN WILL BE SUBMITTED AND MADE PUBLICLY AVAILABLE IN FEBRUARY 2017.

FORM 990, SCHEDULE H, PART V, SECTION B, LINES 16A, 16B, 16C

[HTTP://WWW.STAMFORDHEALTH.ORG/PATIENTS-VISITORS/FAP/](http://WWW.STAMFORDHEALTH.ORG/PATIENTS-VISITORS/FAP/)

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 22D

FOR AN INDIVIDUAL WHOSE INCOME IS BETWEEN 200% AND 400% OF THE FPG,
STAMFORD HOSPITAL SHALL DETERMINE THE LEVEL OF DISCOUNT FOR THE SERVICE
IF THE PATIENT'S HOUSEHOLD GROSS YEARLY INCOME MEETS OR DOES NOT EXCEED
FOUR TIMES THE MOST RECENT FPG, ACCORDING TO STAMFORD HOSPITAL'S
FINANCIAL ASSISTANCE CALCULATION TABLE. THE DISCOUNT WILL BE APPLIED TO
THE PATIENT'S OBLIGATION, WHICH, FOR UNINSURED PATIENTS, IS THE AGB BASED
ON THE LOOK-BACK METHOD. OR, FOR INSURED PATIENTS, THE DEDUCTIBLE,
COPAYMENT OR COINSURANCE OBLIGATION WILL BE DETERMINED USING THE FPG FOR
THE PATIENT'S GROSS HOUSEHOLD YEARLY INCOME AND THE STAMFORD HOSPITAL
FINANCIAL ASSISTANCE CALCULATION TABLE.

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7

THE COST-TO-CHARGE RATIO METHODOLOGY WAS UTILIZED TO CALCULATE THE AMOUNT INCLUDED IN THE TABLE. THE CALCULATION OF THIS RATIO WAS DERIVED FROM RATIO OF PATIENT CARE COST-TO-CHARGE.

PART III, LINE 2

THE COST OF BAD DEBT EXPENSE IS ESTIMATED BASED ON THE BAD DEBT PROVISION AT CHARGE, APPLIED TO THE RATIO OF TOTAL PATIENT CARE EXPENSES TO TOTAL CHARGES FOR ALL SERVICES RENDERED. ANY PAYMENTS OR DISCOUNTS ARE EXCLUDED FROM BAD DEBT EXPENSE.

PART III, LINE 4

BAD DEBT EXPENSE AND TEXT OF BAD DEBT EXPENSE FOOTNOTE ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, TSH ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), TSH RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ALLOWANCE FOR DOUBTFUL ACCOUNTS.

PART III, LINE 8B

MEDICARE COSTING METHODOLOGY

THE COSTING METHODOLOGY USED FOLLOWS THE METHODOLOGY OF THE MEDICARE COST REPORT.

PART III, LINE 8A

TREATMENT OF MEDICARE SHORTFALL AS COMMUNITY BENEFIT

TO THE EXTENT THERE IS A MEDICARE 'SHORTFALL', THE HOSPITAL HAS PROVIDED SERVICES AND IS REIMBURSED LESS THAN THE COST OF THOSE SERVICES. THIS TRANSFER OF VALUE BENEFITS THE PATIENT AND ARGUABLY (DIRECTLY AND INDIRECTLY) THE COMMUNITY IN WHICH THEY LIVE.

PART III, LINE 9B

COLLECTION PRACTICES

APPLICATION OF COLLECTION PRACTICES QUALIFYING FOR FINANCIAL ASSISTANCE ALL COLLECTION EFFORTS CEASE AT ANY POINT IN THE PROCESS IF THE PATIENT

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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APPLIES FOR FREE BED FUNDS OR FINANCIAL ASSISTANCE.

FORM 990, SCHEDULE H, PART VI

NEEDS ASSESSMENT

THE STAMFORD HOSPITAL ("SH" OR "HOSPITAL") PARTNERS WITH A NUMBER OF NONPROFIT HEALTH AND SOCIAL SERVICES ORGANIZATIONS THAT SEEK TO BENEFIT THE COMMUNITY AND IMPROVE THE HEALTH AND WELL-BEING OF THEIR CLIENTS. IN ADDITION, TOGETHER WITH OUR PHYSICIANS, THE HOSPITAL WORKS CLOSELY WITH THE STAMFORD DEPARTMENT OF HEALTH AND SOCIAL SERVICES ("STAMFORD HEALTH DEPT.") TO PREVENT AND TREAT HIV AND WITH STAMFORD CARES, A PROGRAM OF FAMILY CENTERS THAT PROVIDES HIV MEDICAL CASE MANAGEMENT; INCLUDES PARTICIPATION IN COMMUNITY HEALTH FAIRS AND EDUCATIONAL OUTREACH EFFORTS; PROVIDES HIV UPDATES FOR AIDS SERVICE PROVIDERS IN THE COMMUNITY; PERFORMS CLIENT HOME VISITS; AND CONDUCTS MONTHLY HIV POSITIVE WOMEN'S SUPPORT GROUP.

SH PARTNERS WITH OPTIMUS HEALTH CENTERS, A FEDERALLY QUALIFIED HEALTH CARE CENTER, TO CREATE AN INTEGRATED PRIMARY CARE DELIVERY NETWORK FOR THE MEDICALLY UNDERSERVED COMMUNITIES IN STAMFORD. DISCOUNTED OR FREE

Part VI Supplemental Information

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SUPPLIES, EQUIPMENT AND MEDICATIONS WERE PROVIDED TO INDIGENT PATIENTS (\$34,000) IN 2016. SH ALSO PROVIDES AN INFORMATION AND REFERRAL SERVICES (\$113,000) TO ENHANCE ACCESS TO CARE.

COMMUNITY INPUT AND ENGAGEMENT TO IMPROVE CHILD HEALTH AND PREVENT OBESITY IS PROVIDED THROUGH A STAMFORD CITY-WIDE TASK FORCE LEAD BY SH. THIS COMMUNITY-WIDE COLLABORATION FOCUSES ON PREVENTION, ADVOCACY AND EDUCATION IS A CITY-WIDE COLLABORATION THAT INCLUDES STAMFORD PUBLIC SCHOOLS, THE STAMFORD HEALTH DEPARTMENT, EARLY CHILDHOOD EDUCATORS, AFTER SCHOOL PROGRAMS AND COMMUNITY CENTERS, COMMUNITY PEDIATRICIANS AND FAMILY MEDICINE PRACTITIONERS. SH'S KIDS' FANS (KIDS' FITNESS AND NUTRITION SERVICES) PROGRAM, PROMOTING PHYSICAL ACTIVITY AND HEALTH CONSCIOUS NUTRITION, IS A CORNERSTONE OF THIS CHILDHOOD OBESITY INITIATIVE.

A MAJOR INITIATIVE OF SH IS THE VITA HEALTH & WELLNESS INITIATIVE, WHICH IS FOCUSED ON TWO CENSUS TRACTS (214 AND 215) IN STAMFORD'S WEST SIDE. THE VITA COLLABORATIVE BRINGS TOGETHER THE KEY SERVICE PROVIDERS MONTHLY TO DEVELOP PROGRAMS TO IMPROVE THE ENVIRONMENT AND HEALTH OUTCOMES OF THIS PRIMARILY LOW-INCOME POPULATION.

Part VI Supplemental Information

Provide the following information.

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THE WEST SIDE NEIGHBORHOOD REVITALIZATION ZONE (WSNRZ), SEEKS TO IMPROVE NEIGHBORHOOD AT THE HOSPITAL'S SOUTHERN BORDER. THE WEST SIDE, A DENSELY POPULATED, LOW-INCOME NEIGHBORHOOD, SUFFERED FROM A STEADY DECLINE IN HOME OWNERSHIP AND LACK OF INVESTMENT OVER THE LAST THREE DECADES. STAMFORD HOSPITAL AND CHARTER OAK COMMUNITIES (FORMERLY STAMFORD HOUSING AUTHORITY), ACTING AS COMMUNITY ANCHORS, WORK WITH RESIDENTS, BUSINESSES AND THE CITY OF STAMFORD TO PLAN CAPITAL IMPROVEMENTS, IMPROVE TRAFFIC FLOW, REDUCE CRIME AND IMPROVE PEDESTRIAN SAFETY.

TO INCREASE AWARENESS OF THE IMPORTANCE OF MAMMOGRAM SCREENING FOR EARLY DETECTION OF BREAST CANCER, SH SPONSORS PAINT THE TOWN PINK, A COMMUNITY-WIDE BREAST CANCER EDUCATION PROGRAM. "PAINT THE TOWN PINK" HOLDS A MONTH-LONG SERIES OF EVENTS IN OCTOBER OF EACH YEAR.

SH PARTNERS WITH A NUMBER OF NONPROFIT HEALTH AND SOCIAL SERVICES ORGANIZATIONS THAT SEEK TO BENEFIT THE COMMUNITY AND IMPROVE THE HEALTH AND WELL-BEING OF THEIR CLIENTS. IN ADDITION, TOGETHER WITH OUR PHYSICIANS, THE HOSPITAL WORKS CLOSELY WITH THE STAMFORD DEPARTMENT OF

Part VI Supplemental Information

Provide the following information.

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HEALTH AND SOCIAL SERVICES ("SHD") TO DISSEMINATE HEALTH INFORMATION AND ADDRESS PUBLIC HEALTH ISSUES THAT ARISE.

IN 2016, STAMFORD HOSPITAL PROVIDED IN-KIND SUPPORT TO TWO MAJOR INITIATIVES OF THE CITY OF STAMFORD; THE FIRST, STAMFORD INVEST HEALTH, IS FOCUSED ON YOUTH DEVELOPMENT AND VIOLENCE PREVENTION, LED BY THE MAYOR'S OFFICE AND FUNDED BY THE ROBERT WOOD JOHNSON FOUNDATION. THE PLANNING EFFORT RESULTED IN A PLAN TO CONDUCT A COMPREHENSIVE COMMUNITY ENGAGEMENT PROCESS IN CONJUNCTION WITH THE FERGUSON LIBRARY'S TRAINED FACILITATORS IN PARTNERSHIP WITH OTHER COMMUNITY ORGANIZATIONS. THE SECOND EFFORT, STAMFORD CRADLE2CAREER, IS A COLLECTIVE-IMPACT PROJECT FUNDED IN PART BY THE UNITED WAY OF WESTERN CONNECTICUT, FOCUSED ON ADDRESSING THE ACHIEVEMENT GAP IN THE STAMFORD PUBLIC SCHOOLS; SH PROVIDES MANAGEMENT SUPPORT (ACTING AS CO-CHAIR) OF THE COMMUNITY TASK FORCE AND MEMBERSHIP ON THE COMMUNICATIONS COMMITTEE. SENIOR LEADERSHIP ALSO PARTICIPATES IN ADVISORY CAPACITIES.

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FORM 990, SCHEDULE H, PART VI

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

THE STAMFORD HOSPITAL USES SEVERAL VENUES TO NOTIFY OUR PATIENTS OF THE AVAILABLE FINANCIAL OPTIONS.

1) SIGNS AND/OR BROCHURES ARE DISPLAYED IN ENGLISH AND SPANISH IN THE FOLLOWING AREAS:

- * EMERGENCY ROOM WAITING ROOMS AND REGISTRATION WORKSTATIONS
- * IMMEDIATE CARE CENTER WAITING ROOM
- * PATIENT REGISTRATION AREAS ON THE MAIN CAMPUS AND TULLY CAMPUS
- * CASHIER'S OFFICE, OFFICES OF THE FINANCIAL COUNSELORS, RECEPTION AREA OF THE PATIENT BUSINESS SERVICES DEPARTMENT
- * ANCILLARY DEPARTMENTS
- * BROCHURES ARE ALSO AVAILABLE IN CREOLE AND POLISH.

2) THE HOSPITAL'S BILLING STATEMENTS INCLUDE AN INFORMATIONAL PAGE THAT IS PRINTED ON THE REVERSE SIDE OF THE STATEMENT OUTLINING THE FINANCIAL OPTIONS.

3) THE "ARE YOU UNINSURED NOTICE" IN ENGLISH AND SPANISH IS ATTACHED TO

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THE TRUE SELF PAY STATEMENTS.

4) STAFFING:

* STAMFORD HOSPITAL HAS A FULL-TIME DSS ST OF CT OUTREACH WORKER ON THE HOSPITAL CAMPUS.

* SOCIAL SERVICES DEPARTMENT

* CASE MANAGEMENT DEPARTMENT

* PATIENT REGISTRATION HAS ONE FULL TIME FINANCIAL COUNSELOR

* PATIENT BUSINESS SERVICES HAS ONE BILINGUAL PATIENT ASSISTANCE

COORDINATOR AND TWO FULL TIME BILINGUAL FINANCIAL COUNSELORS.

* THE DSS OUTREACH WORKER AND A TSH FINANCIAL COUNSELOR HOLD EDUCATIONAL AND COUNSELING SESSIONS IN THE OPTIMUS AND STAMFORD HOSPITAL CLINICS ONCE PER WEEK.

* HAND-OUTS ARE PROVIDED TO PATIENTS BY THE FINANCIAL COUNSELORS AT THE CLINICS AND THE COMMUNITY HEALTH CENTERS.

* PATIENTS ARE SCREENED FOR FEDERAL OR STATE PROGRAMS, AND THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM (FAP) BY THE SOCIAL WORKERS, PATIENT ASSISTANCE COORDINATOR, FINANCIAL ASSISTANCE COUNSELORS, AND THE DSS LIAISON.

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5) NOTIFICATIONS: PATIENTS RECEIVE APPROVAL OR DENIAL LETTERS AND, IF ELIGIBLE, FINANCIAL ASSISTANCE PROGRAM IDENTIFICATION CARDS.

FORM 990, SCHEDULE H, PART VI

COMMUNITY INFORMATION

STAMFORD HEALTH PROVIDES A BROAD RANGE OF COMMUNITY OUTREACH AND EDUCATIONAL SERVICES TO RESIDENTS OF PREDOMINANTLY ITS PRIMARY SERVICE AREA (PSA) AND SECONDARY SERVICE AREA (SSA) THAT INCLUDE 12 COMMUNITIES IN SOUTHERN FAIRFIELD COUNTY, CT. THE HOSPITAL'S SERVICE AREA WAS DEVELOPED THROUGH THE STRATEGIC PLANNING PROCESS AND IS DEFINED IN STAMFORD HEALTH'S STRATEGIC PLAN. THE HOSPITAL'S COMBINED PSA AND SSA INCLUDE AN ESTIMATED 136,091 HOUSEHOLDS WITH A TOTAL POPULATION OF 372,012 RESIDENTS. THE PSA INCLUDES THE COMMUNITIES OF STAMFORD, DARIEN, AND ROWAYTON, WITH AN ESTIMATED 54,472 HOUSEHOLDS AND A TOTAL POPULATION OF 150,116. STAMFORD COMPRISES AN ESTIMATED 46,376 HOUSEHOLDS WITH A TOTAL POPULATION OF 125,226. THE SSA INCLUDES THE COMMUNITIES OF GREENWICH, COS COB, RIVERSIDE, OLD GREENWICH, NEW CANAAN, NORWALK, WESTPORT, WESTON, AND WILTON, WITH AN ESTIMATED 81,619 HOUSEHOLDS AND A

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TOTAL POPULATION OF 221,896. FOR THE PSA, 25.6% OF THE POPULATION IS ESTIMATED TO BE 19 YEARS OF AGE OR LESS; 36.2% IS 20 - 44; 25.6% IS 45-64; AND 12.6% IS 65 YEARS OF AGE AND OLDER. THE SSA HAS A SLIGHTLY OLDER AGE DISTRIBUTION WITH AN ESTIMATED 27.3% OF ITS POPULATION 19 YEARS OF AGE OR LESS; 27.5% IS 20-44; 30.6% IS 45-64; AND 14.6% 65 YEARS OF AGE AND OLDER. REGARDING RACE/ETHNICITY, OF THE ESTIMATED POPULATION IN THE PSA, 56.6% OF RESIDENTS ARE WHITE; 23.1% ARE HISPANIC; 11.0% BLACK; 7.5% ASIAN; AND THE REMAINING PORTION OF THE POPULATION IS MULTI-RACIAL, NATIVE AMERICAN, PACIFIC ISLANDER, OR OTHER. STAMFORD IS ESTIMATED TO HAVE A MORE RACIALLY DIVERSE POPULATION THAN THE PSA AND SSA WITH THE BLACK POPULATION REPRESENTING 13.2%, HISPANIC POPULATION REPRESENTING 27.0% AND ASIAN POPULATION REPRESENTING 8.4% OF ITS TOTAL POPULATION. FOR THE SSA, 72.7% OF THE TOTAL ESTIMATED POPULATION IS WHITE; 6.5% BLACK; 13.0% HISPANIC; 5.6% ASIAN; AND THE REMAINING PORTION OF THE POPULATION IS MULTI-RACIAL, NATIVE AMERICAN, PACIFIC ISLANDER, OR OTHER. ALTHOUGH IN THE PSA AN ESTIMATED 20.8% OF TOTAL HOUSEHOLDS HAVE HOUSEHOLD INCOMES EXCEEDING \$200,000, STAMFORD HAS AREAS WITH SIGNIFICANT POVERTY. IN COMPARISON TO THE PSA, STAMFORD HAS ONLY AN ESTIMATED 16.2% OF TOTAL

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HOUSEHOLDS WITH HOUSEHOLD INCOMES EXCEEDING \$200,000, AND 22.8% WITH HOUSEHOLD INCOMES LESS THAN \$35,000, 33.2% WITH LESS THAN \$45,000. IN THE SSA, AN ESTIMATED 28.2% OF THE TOTAL HOUSEHOLDS HAVE HOUSEHOLD INCOMES EXCEEDING \$200,000, WHILE AN ESTIMATED 16.7% HAVE HOUSEHOLD INCOMES LESS THAN \$35,000 AND 24.5% LESS THAN \$45,000.

THE ESTIMATED PAYOR MIX OF THE PSA IS PREDOMINANTLY COMMERCIAL/PRIVATE INSURANCE (37.1%), FOLLOWED BY MEDICARE (25.0%); MEDICAID (28.3%); AND SELF-PAY/OTHER (9.6%). COMPARED TO THE PSA, STAMFORD HAS A HIGHER ESTIMATED PERCENTAGE OF MEDICAID AT 30.7% AND SELF-PAY/OTHER AT 10.4%. FOR THE SSA, THE ESTIMATED PAYOR MIX IS ALSO PRIMARILY COMMERCIAL/PRIVATE INSURANCE (42.5%), FOLLOWED BY MEDICARE (27.5%); MEDICAID (21.9%); AND SELF-PAY/OTHER (8.1%).

FORM 990, SCHEDULE H, PART VI

PROMOTION OF COMMUNITY HEALTH

SH PROVIDES EXPERTISE AND SUPPORTS THE WEST SIDE NEIGHBORHOOD

REVITALIZATION ZONE (WSNRZ), A COMMUNITY EFFORT TO IMPROVE THE HEALTH,

Part VI Supplemental Information

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SAFETY, INFRASTRUCTURE, AND QUALITY OF LIFE IN THE WEST SIDE OF STAMFORD.

NEIGHBORS WORK SIDE-BY-SIDE WITH LOCAL BUSINESSES, LAW ENFORCEMENT, THE

HOSPITAL'S HOUSING PARTNER, CHARTER OAK COMMUNITIES, INC. (FORMERLY THE

STAMFORD HOUSING AUTHORITY), AND LOCAL ELECTED AND APPOINTED OFFICIALS.

SH IN PARTNERSHIP WITH CHARTER OAK COMMUNITIES, INC., (FORMERLY STAMFORD

HOUSING AUTHORITY) ESTABLISHED THE VITA HEALTH AND WELLNESS DISTRICT IN

THE WEST SIDE. IN PARTNERSHIP WITH THE WSNRZ, THE CITY OF STAMFORD AND

CHARTER OAK COMMUNITIES (COC) THE VITA PLAN IS INTENDED TO ADDRESS THE

SOCIAL DETERMINANTS OF HEALTH, INCLUDING HEALTH AND WELLNESS, NUTRITION

AND ACCESS TO NUTRITIOUS FOOD, ACTIVE LIVING AND HEALTHY LIFESTYLES,

WORKFORCE DEVELOPMENT, ECONOMIC DEVELOPMENT AND IMPROVING THE HOSPITAL

AND COMMUNITY CONNECTIONS.

PROMOTION OF COMMUNITY HEALTH

THE STAMFORD HOSPITAL ("SH OR THE "HOSPITAL") PROVIDES A VARIETY OF

PROGRAMS THAT BENEFITED THE COMMUNITY. THESE PROGRAMS INCLUDED, FOR

EXAMPLE, HEALTH SPECIFIC HEALTH FACTORS OR DISEASE ENTITIES SUCH AS HEART

DISEASE, BREAST CANCER, DIABETES SELF-MANAGEMENT, SLEEP DISORDERS,

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ARTHRITIS, HIGH CHOLESTEROL, CANCER PREVENTION, NUTRITION, STRESS

MANAGEMENT, CIRCULATORY PROBLEMS, DIGESTIVE DISORDERS, ORTHOPEDICS, PAIN

MANAGEMENT, SPORTS INJURIES, AND CHILDREN'S NUTRITION.

SH OFFERED A MINI-MEDICAL SCHOOL, A FREE, SIX-WEEK SERIES OF LECTURES BY VOLUNTEER PHYSICIANS FOCUSING ON COMMON DISEASE STATES AND AVAILABLE TREATMENTS. TOPICS INCLUDE ANESTHESIOLOGY, CANCER, CARDIOLOGY, GASTROENTEROLOGY, GENERAL ANATOMY, GYNECOLOGY, INFECTIOUS DISEASES, INTEGRATIVE MEDICINE, MEDICAL DECISION-MAKING, PULMONARY MEDICINE AND ORTHOPEDICS.

HOSPITAL STAFF PROVIDED SERVICES AT COMMUNITY HEALTH FAIRS AND SERVED AS SPEAKERS AT VARIOUS COMMUNITY GROUPS ON LIFESTYLE/HEALTH IMPROVEMENT TOPICS. IN FISCAL YEARS 2016, SH PARTICIPATED IN SCHOOL LECTURES; PHYSICIAN PRESENTATIONS AS WELL AS CAREER DAYS, SCHOOL TOURS AND INFORMATIONAL SPECIAL EVENTS.

OTHER HIGHLIGHTS OF COMMUNITY HEALTH EDUCATION AND OUTREACH ACTIVITIES PROVIDED IN FY 2016 ARE AS FOLLOWS:

Part VI Supplemental Information

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AMERICARES FREE CLINIC OF STAMFORD:

IMPROVING ACCESS TO CARE FOR UNINSURED: FY 2016 - \$863,000

STAMFORD HOSPITAL SUPPORTS THE AMERICARES FREE CLINIC OF STAMFORD, PROVIDING READY ACCESS TO HIGH QUALITY DIAGNOSTICS, ESSENTIAL FOR THIS PATIENT POPULATION WHICH IS UNINSURED AND DOES NOT QUALIFY FOR ANY GOVERNMENT PROGRAMS. AMERICARES FREE CLINICS (AFC) ALSO PARTICIPATES ACTIVELY IN THE STAMFORD COMMUNITY COLLABORATIVE. STAMFORD HOSPITAL PROVIDES SPECIALTY CARE TO AFC PATIENTS PRIMARILY THROUGH STAMFORD HOSPITAL'S NETWORK OF SPECIALTY CLINICS. THE MAJORITY OF THE VISITS MADE TO THE FREE CLINIC ARE BY PATIENTS WITH CHRONIC DISEASES - UNDIAGNOSED AND UNCONTROLLED DIABETES AND HYPERTENSION BEING THE MOST COMMON. WITH ONGOING SUPPORT THROUGH EDUCATION AND CLOSE MEDICAL MANAGEMENT, PATIENTS DEMONSTRATE COMPLIANCE AND GREATER CONTROL THEIR CHRONIC DISEASE AND REDUCTION IN EMERGENCY ROOM UTILIZATION.

ASTHMA EDUCATION:

SH CONDUCTED AN EVENT FOR THE COMMUNITY WITH EXHIBITS TO EDUCATE AND CREATE AN AWARENESS AND UNDERSTANDING OF ASTHMA. TOPICS INCLUDED KEEPING ASTHMA UNDER CONTROL, UTILIZING A TEAM APPROACH IN TREATING ASTHMA, THE

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ROLE OF ALLERGIES, AND THE FUTURE OF ASTHMA THERAPY. THE HOSPITAL ALSO HELD EDUCATIONAL EVENTS THAT FOCUSED ON PEDIATRIC ASTHMA.

CANCER OUTREACH AND EDUCATION:

AS REQUIRED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER, A CANCER COMMITTEE OVERSEES STAMFORD HOSPITAL'S CANCER PROGRAM, OF WHICH EDUCATIONAL AND OUTREACH PROGRAMS FOR THE COMMUNITY AND PATIENTS ARE A KEY COMPONENT. A PARTNERSHIP BETWEEN THE CITY OF STAMFORD, THE AMERICAN CANCER SOCIETY AND STAMFORD HEALTH'S BENNETT CANCER CENTER CONTINUES TO WORK COLLABORATIVELY AND SUCCESSFULLY TO GET THE MESSAGE OUT TO STAMFORD AND THE SURROUNDING COMMUNITIES REGARDING THE IMPORTANCE OF SCREENING AND EARLY DETECTION OF CANCERS.

DIRECT MAIL IS USED TO REMIND WOMEN OF THE IMPORTANCE OF SCREENING FOR BREAST CANCER. PAINT THE TOWN PINK, A COMMUNITY-WIDE BREAST CANCER AWARENESS PROGRAM, HELD A MONTH-LONG SERIES OF EVENTS IN OCTOBER. IN ADDITION, EDUCATIONAL LECTURES OFFERED THROUGHOUT THE YEAR FOR THE COMMUNITY INCLUDE TOPICS FOCUSED ON RAISING AWARENESS ABOUT THE DANGERS OF SUN EXPOSURE AND RISKS FOR SKIN CANCER, DIRECT MAIL INITIATIVES AND

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PROGRAMS TO UNDERSCORE THE IMPORTANCE OF SCREENING AND EARLY DETECTION OF
 COLORECTAL CANCERS, AS WELL AS EDUCATION SURROUNDING TESTICULAR AND
 GYNECOLOGIC CANCERS. CANCER OUTREACH EFFORTS ALSO INCLUDE ANTI-TOBACCO
 LECTURES AND AN ANTI-SMOKING POSTER CONTEST FOR ELEMENTARY SCHOOL
 CHILDREN. THE HOSPITAL OFFERS A SMOKING CESSATION PROGRAM YEAR-ROUND.
 NUTRITION PROGRAMS, LED BY A REGISTERED DIETITIAN, ARE OFFERED THROUGHOUT
 THE YEAR.

CANCER SCREENINGS:

STAMFORD HOSPITAL OFFERS MAMMOGRAPHY SCREENING TO THE COMMUNITY AT NO
 COST TO PATIENTS WHO ARE UNINSURED. IN FY 16, 18,520 WOMEN RECEIVED
 MAMMOGRAMS, OF WHICH 552 WERE PERFORMED AT NO COST. STAMFORD HOSPITAL
 ALSO PARTICIPATES IN THE CONNECTICUT BREAST AND CERVICAL CANCER EARLY
 DETECTION PROGRAM (CBCEDP). IN 2016, 85 MAMMOGRAMS, 123 PAP SMEARS AND
 116 HPV TESTS WERE PERFORMED.

TO REACH THE UNDERSERVED, THE HOSPITAL COLLABORATED WITH OPTIMUS HEALTH
 CARE ("OPTIMUS"), A FEDERALLY QUALIFIED HEALTH CENTER, THE WITNESS
 PROJECT OF CT, PLANNED PARENTHOOD OF CT, AND THE HISPANIC COUNCIL OF

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GREATER STAMFORD. OUTREACH WAS TARGETED TO UNDERINSURED AND UNINSURED WOMEN OF COLOR, AND ASSISTANCE PROVIDED TO ADDRESS LANGUAGE BARRIERS, NAVIGATE THE HEALTHCARE SYSTEM, AND COPE WITH FEAR. STAMFORD HOSPITAL FUNDS A CLINICAL NAVIGATOR AT OPTIMUS HEALTH TO ASSIST IN COORDINATING CARE FOR CANCER SCREENINGS AS WELL AS PATIENTS WHO ARE DIAGNOSED WITH CANCER THROUGH OUR COLLABORATION.

LUNG CANCER IS THE SECOND MOST COMMON CANCER IN BOTH MEN AND WOMEN IN THE UNITED STATES. IT'S ALSO THE LEADING CAUSE OF CANCER-RELATED DEATHS, AND MOST OF THE TIME IS NOT DIAGNOSED UNTIL SYMPTOMS APPEAR. STAMFORD HOSPITAL HAS A ROBUST LUNG CANCER SCREENING PROGRAM. IN 2016, 359 LUNG SCREENING CT SCANS WERE PERFORMED. FROM THESE SCREENINGS, 4 EARLY LUNG CANCERS WERE DETECTED AND TREATED.

TO PROVIDE GREATER ACCESS TO SCREENING FOR COLON CANCER, STAMFORD HOSPITAL IN PARTNERSHIP WITH OPTIMUS HEALTH CARE BEGAN TO OFFER FIT TESTS TO PATIENTS THROUGH THE FAMILY MEDICINE AND INTERNAL MEDICINE CLINICS. IN 2016 89 TESTS WERE PROVIDED TO PATIENTS, 4 PATIENTS HAD POSITIVE FINDINGS. THREE COLONOSCOPIES WERE PERFORMED BASED ON THESE RESULTS; ALL WERE NEGATIVE FOR COLON CANCER.

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OTHER KEY 2016 ACCOMPLISHMENTS FOR THE BENNETT CANCER CENTER INCLUDE:

- THE BENNETT CANCER CENTER WAS SELECTED AS THE FIRST IN CONNECTICUT TO BECOME A MEMBER OF THE DANA-FARBER/BRIGHAM AND WOMEN'S CANCER CARE COLLABORATIVE.
- AS PART OF THE MAGNET DESIGNATION ACHIEVED IN 2016, STAMFORD HOSPITAL RECEIVED AN EXEMPLAR RATING FOR PROMOTING EXCELLENCE IN ONCOLOGY NURSING.
- STAMFORD HOSPITAL'S CANCER PROGRAM WAS SURVEYED AND RECEIVED COMMENDATION STATUS BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER.
- THE MEDICAL ONCOLOGY PRACTICE BECAME ONE OF 195 PRACTICES IN THE COUNTRY TO PARTICIPATE IN A PILOT PROGRAM, THE ONCOLOGY CARE MODEL (OCM), TESTING A NEW PAYMENT AND DELIVERY MODEL FOR THE CENTER FOR MEDICARE AND MEDICAID INNOVATION.
- JAMIE STRATTON, MD JOINED THE HEMATOLOGY ONCOLOGY, PC PRACTICE AT THE BENNETT CANCER CENTER.
- A DEDICATED ONCOLOGY NURSE MANAGER WAS HIRED TO OVERSEE ALL ASPECTS OF

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OUTPATIENT ONCOLOGY NURSING.

- TWO ADDITIONAL ONCOLOGY NURSE NAVIGATORS JOINED THE BENNETT CANCER CENTER TEAM BRINGING THE TOTAL NUMBER OF ONCOLOGY NURSE NAVIGATORS TO FIVE. ONCOLOGY NURSE NAVIGATORS PROVIDE PATIENTS WITH INDIVIDUALIZED SUPPORT THROUGHOUT THEIR CANCER JOURNEY.
- A CARE COORDINATOR POSITION WAS DEVELOPED AND IMPLEMENTED TO ASSIST NEWLY DIAGNOSED CANCER PATIENTS WITH ACCESS TO PHYSICIAN CONSULTATIONS.
- THE MEDICAL ONCOLOGISTS AT THE BENNETT CANCER CENTER WERE RECOGNIZED BY THE QUALITY ONCOLOGY PRACTICE INITIATIVE (QOPI®) CERTIFICATION PROGRAM, AN AFFILIATE OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO). THE QOPI CERTIFICATION PROGRAM PROVIDES A THREE-YEAR CERTIFICATION FOR OUTPATIENT HEMATOLOGY-ONCOLOGY PRACTICES THAT MEET THE HIGHEST STANDARDS FOR QUALITY CANCER CARE.
- 8% OF NEWLY DIAGNOSED CANCER PATIENTS WERE ENROLLED IN CLINICAL TRIALS.

COMMUNITY-BASED CLINICAL CARE:

OUR PARTNERSHIP WITH OPTIMUS HEALTH CARE, A FEDERALLY QUALIFIED HEALTH

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CENTER, INCLUDES HOSPITAL-EMPLOYED PHYSICIANS AND MID-LEVEL PROVIDERS WORKING IN PRIMARY CARE CENTERS. OPTIMUS EMPLOYS ALL OTHER STAFF. THE HOSPITAL PROVIDED SUPPLEMENTAL SUPPORT TO OPTIMUS OF \$2.293 MILLION IN FY 2016 TO ENSURE ITS CONTINUED VIABILITY.

EMERGENCY SERVICES AND EDUCATION:

STAMFORD'S EMS INSTITUTE, A DEPARTMENT OF SH, PROVIDED EMERGENCY MEDICAL SERVICE (EMS) TRAINING TO EMERGENCY MEDICAL TECHNICIANS, NURSES, PHYSICIANS, PARAMEDICS, AND ANYONE IN THE PUBLIC WHO IS INTERESTED IN LEARNING THESE LIVE-SAVING SKILLS. THE HOSPITAL OFFERED AN INFANT AND CHILD CARE CLASS, AND AN ADULT CARDIO-PULMONARY RESUSCITATION ("CPR") AND EMT-BASIC COURSE. THE SH EMS INSTITUTE ALSO COLLABORATED WITH SEMS. REGARDING DISASTER PREPAREDNESS, THE HOSPITAL'S STAFF WORKED WITH REGIONAL AGENCIES TO COORDINATE EMERGENCY PLANS AND CONDUCTED JOINT SIMULATION DRILLS.

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS: PEDIATRIC MEDICAL HOME INITIATIVE OF SWCT (CYSHCN):

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MEDICAL HOME INITIATIVE (MHI) COVERING SOUTHWEST CT ADDRESSES THE NEEDS OF CHILDREN AND YOUTH WITH SPECIAL HEALTHCARE NEEDS. CYSHCN MEETS THEIR MEDICAL, SOCIAL AND EMOTIONAL NEEDS AND PROVIDES LINKAGES TO COMMUNITY RESOURCES AND FAMILY SUPPORT NETWORKS. FAMILIES ARE PROVIDED ASSISTANCE WITH CARE COORDINATION SUCH AS SECURING SPECIALIST APPOINTMENTS, TRANSPORTATION AND FUNDING FOR ESSENTIAL NEEDS LIKE RESPITE SERVICES, MEDICATIONS, DIAPERS, WHEELCHAIRS, RAMPS, ETC. IT ALSO PROVIDES FAMILIES WITH ADVOCACY IN SCHOOLS AND OTHER ORGANIZATIONS; PARENTS ARE OFFERED SUPPORT GROUPS HELD REGULARLY IN STAMFORD AND BRIDGEPORT. IN 2016, 856 CHILDREN WERE SERVED, OF WHOM 537 WERE OF HIGH COMPLEXITY. SOUTHWEST MHI IS FOCUSED ON PREVENTION AND INTERVENTIONS TARGETING CHILDHOOD OBESITY IN SWCT REGION AND BUILDING COMMUNITY COLLABORATION.

HIV-AIDS: RYAN WHITE PROGRAM

THE RYAN WHITE PROGRAM AT STAMFORD HOSPITAL CONTINUES TO SERVE HIV POSITIVE PATIENTS IN THE COMMUNITY. THE TEAM INCLUDES A DEDICATED NURSE PRACTITIONER (NP), ADHERENCE NURSE AND NUTRITIONIST WITH PROGRAM OVERSIGHT BY THE CHIEF OF INFECTIOUS DISEASE, DR. PARRY. THE HIV NP IS A

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RESOURCE AND PROVIDES ONGOING HIV/AIDS PRIMARY CARE UPDATES TO INTERNAL MEDICINE RESIDENTS AND ATTENDING PHYSICIANS CARING FOR HIV POSITIVE PATIENTS IN THE STAMFORD HEALTH SYSTEM. MEDICAL RESIDENTS ARE ALSO GIVEN THE OPPORTUNITY TO CARE FOR HIV POSITIVE OUT-PATIENTS AT A BIMONTHLY INFECTIOUS DISEASE CLINIC THAT IS TRIAGED AND SCHEDULED BY THE HIV NURSE PRACTITIONER. AT THIS CLINIC, RESIDENTS WORK DIRECTLY WITH INFECTIOUS DISEASE ATTENDINGS AND THE HIV NP TO CARE FOR HIV POSITIVE OUT-PATIENTS. IN TOTAL, THE RYAN WHITE PROGRAM PROVIDES CARE TO APPROXIMATELY 100 PATIENTS IN THE CLINIC, WITH THE HIV NP PROVIDING DIRECT PRIMARY AND HIV CARE TO 70 OF THOSE PATIENTS. PATIENTS ARE SEEN AT THE CLINIC AND AS NEEDED DURING AN IN-PATIENT STAY AT THE HOSPITAL.

RYAN WHITE QUALITY IMPROVEMENT PROJECTS FOR THIS YEAR INCLUDE INCREASING THE NUMBER OF PATIENTS WHO RECEIVED INFLUENZA VACCINES AND ANNUAL CERVICAL CANCER SCREENING. OTHER RYAN WHITE PERFORMANCE MEASURES, INCLUDING BIENNIAL CLINIC VISITS, SUPPRESSED HIV VIRAL LOADS AND SCREENING FOR OTHER SEXUALLY TRANSMITTED INFECTIONS, CONTINUE TO MEET OR EXCEED BENCHMARKS FOR PRIMARY CARE AND ADHERENCE, WITH AN AGGREGATE SCORE OF >90%. RYAN WHITE PATIENT SATISFACTION AND FEEDBACK CONTINUES TO BE

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MEASURED BY AN ANNUAL PATIENT SURVEY, WHICH IS DEVELOPED AND REVIEWED WITH OUR CONTRACTOR, FAMILY CENTERS. THIS YEAR, RESULTS CONTINUED TO SHOW >80% PATIENT SATISFACTION. SPECIFICALLY, THE RESULTS INDICATE WE ARE PROVIDING CONVENIENT, CULTURALLY-SENSITIVE COMPREHENSIVE CARE. THE RYAN WHITE NP IS ALSO PART OF THE PERINATAL INFECTIOUS DISEASE TRANSMISSION PREVENTION COMMITTEE AND ALONG WITH ID ATTENDINGS, OB, INFECTIONS PREVENTION NURSES AND SOCIAL WORK, PARTICIPATES IN MANAGEMENT OF PREGNANCIES AFFECTED BY HIV OR OTHER INFECTIOUS DISEASES. IN THIS ROLE, THE NP SERVES AS A RESOURCE FOR COMMITTEE MEMBERS AS WELL AS STAFF AND PATIENTS.

COMMUNITY CARE TEAM:

STAMFORD HOSPITAL FORMED THE COMMUNITY CARE TEAM (CCT) TO STRENGTHEN COORDINATION AND TO IMPROVE HEALTH OUTCOMES FOR VULNERABLE POPULATIONS, INCLUDING THOSE WHO ARE CHRONICALLY PHYSICALLY AND/OR MENTALLY ILL, HOMELESS, OR ABUSING SUBSTANCES. THE GOALS ARE TO IMPROVE CARE, INCREASE COMMUNITY SAFETY AND REDUCE COSTS BY PROVIDING WRAPAROUND SERVICES THROUGH A MULTI-AGENCY PARTNERSHIP. THE NAVIGATOR ESTABLISHES A

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RELATIONSHIP WITH THE PATIENT BY MAKING DIRECT AND INDIRECT REFERRALS FOR TREATMENT, BY ENGAGING THE PATIENT TOWARDS FINDING HOUSING AND SOCIAL WRAPAROUND SUPPORT SERVICES. THEY ALSO COMPLETE "CHECK-IN" CALLS FOR THOSE IN THE COMMUNITY WHO ARE STILL STRUGGLING. THE NAVIGATOR EMPLOYED BY STAMFORD HOSPITAL, IS CRITICAL TO THE WORK OF THE CCT IN ENSURING THE TEAM'S ABILITY TO CREATE COORDINATED CARE PLANS FOR EVERY CLIENT PRIORITIZED BY THE TEAM.

THIS HOSPITAL-LED TEAM HAS DEMONSTRATED IMPROVED OUTCOMES AND SIGNIFICANT COST-SAVINGS. THE NAVIGATOR WORKS WITH THE ENTIRE COMMUNITY CARE TEAM, FOCUSING ON COORDINATING CARE FOR THE HIGH USERS OF OUR HOSPITAL EMERGENCY DEPARTMENT, THE MAJORITY OF WHOM ARE HOMELESS, SEVERELY MENTALLY ILL, OR ACTIVELY STRUGGLING WITH ADDICTION. THE STAMFORD CCT CONVENES PROVIDERS FROM ACROSS OUR COMMUNITY WHO CAN ASSIST IN CONNECTING PATIENTS TO CONSISTENT, QUALITY COMMUNITY-BASED HEALTH CARE, MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES. THEY ALSO HELP ACCESS TWO FEDERALLY QUALIFIED HEALTH CENTERS (FQHC'S), OTHER MEDICAL SERVICES, CITY SOCIAL SERVICES, THE STAMFORD HOUSING AUTHORITY, FAMILY CENTERS, HOMELESS SHELTERS AND VETERAN'S ADVOCATES. IN THE 90 DAYS PRIOR TO BEING HOUSED A

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HOMELESS DIABETIC WAS HOSPITALIZED A TOTAL OF 63 DAYS. POST HOUSING AND PHYSICIAN VISITS THE SAME PATIENT HAS BEEN HOSPITALIZED ONLY 8 DAYS WITHIN A 90 DAY PERIOD. ALL PATIENTS HAVE FOLLOWED UP WITH PRIMARY CARE PHYSICIANS AND HAVE BEEN COMPLIANT WITH MEDICATION. THESE RESULTS SHOW SUPERIOR CLINICAL OUTCOMES FOR OUR PATIENTS ALONG WITH SIGNIFICANT FINANCIAL BENEFITS FOR THE HEALTH SYSTEM.

VITA/FAIRGATE FARM:

FAIRGATE FARM, IS A COMMUNITY BUILDING CATALYST FOR STAMFORD'S WEST SIDE AND BEYOND, THROUGH OPERATION OF AN INCLUSIVE, COMMUNAL AND SOCIALLY AND ENVIRONMENTALLY-RESPONSIBLE URBAN FARM THAT AIMS TO REDUCE HEALTH DISPARITIES, EXPAND ACCESS TO HEALTHY FOODS, FOSTER HEALTH-ORIENTED EDUCATION AND JOB TRAINING, AND INCREASE SOCIAL COHESION AMONG DIVERSE RESIDENTS. STAMFORD HOSPITAL SUPPORTED FAIRGATE FARM WITH A PART TIME GARDENER.

VITA HEALTH & WELLNESS INITIATIVE:

VITA STRIVES TO IMPROVE THE HEALTH OF THE WEST SIDE BY IMPROVING LIVING

Part VI Supplemental Information

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CONDITIONS INCLUDING HOUSING, ACCESS TO HEALTH CARE, AVAILABILITY OF NUTRITIOUS FOODS, WORKFORCE TRAINING AND PLANNING PUBLIC SPACES FOR PHYSICAL FITNESS ACTIVITIES. VITA ADDRESSES THE ASPECTS OF HEALTH THAT ARE INFLUENCED BY SOCIO-ECONOMIC FACTORS. IN FY16, VITA CONVENED WEST SIDE MERCHANTS TO WORK WITH THE STAMFORD POLICE DEPARTMENT TO ADDRESS AN INCREASE IN ALCOHOL ABUSE AND VIOLENT CRIME. VITA, WORKING IN COLLABORATION WITH THE CITY OF STAMFORD AND LOCAL ELECTED OFFICIALS IMPLEMENTED TRAFFIC CALMING INITIATIVES, IMPROVED WALKABILITY INITIATIVES AND ADVOCATED FOR INCREASED SAFETY MEASURES IN THE NEIGHBORHOOD. VITA RECEIVED A ROBERT WOOD JOHNSON FOUNDATION GRANT TO SUPPORT THE WORK OF THE COLLABORATIVE.

THE VITA COMMUNITY COLLABORATIVE MEETS MONTHLY. SH AND CHARTER OAK COMMUNITIES (COC) ARE THE TWO BACKBONE INSTITUTIONS FUNDING AND LEADING THE COLLABORATIVE, WHICH INCLUDE KEY STRATEGIC PROVIDERS ALIGNED TO IMPROVE THE HEALTH OF THE PEOPLE LIVING IN THE WEST SIDE, CENSUS TRACTS 214 AND 215. IN ADDITION TO FINANCIAL SUPPORT, SH PROVIDES IN-KIND MANAGEMENT SUPPORT.

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VITA: PARENTS AS CO-EDUCATORS PILOT PROJECT:

SH, AS A CO-BACKBONE LEADER OF THE VITA HEALTH & WELLNESS INITIATIVE, DEVELOPED A THREE-YEAR RESEARCH AND DEVELOPMENT PROJECT TO ADDRESS CULTURALLY RELATED ACHIEVEMENT GAPS BY BRINGING A FULL SPECTRUM OF SERVICES TO THE FAMILIES MOST IN NEED. THE HOSPITAL PARTICIPATED IN THE DESIGN OF THE PROGRAM IN PARTNERSHIP WITH CHARTER OAK COMMUNITIES, FAMILY CENTERS, INC., THE CHILDCARE LEARNING CENTER AND BUILDINGONECOMMUNITY (NEIGHBORSLINK). THE PROJECT IS BASED ON THE PARENTS-AS-TEACHERS MODEL, WHICH HAS PROVEN THAT AS PARENTS BECOME MORE ACTIVE AS CO-EDUCATORS OF THEIR CHILDREN, PUBLIC SCHOOL READINESS DISPARITIES DECREASE SIGNIFICANTLY. THE PROJECT WAS DEVELOPED AND PRIVATELY FUNDED OVER THREE YEARS.

STATE INNOVATION MODEL - IN-KIND CONTRIBUTION OF EXPERTISE - SH CHIEF QUALITY OFFICER
SH CHIEF QUALITY OFFICER WAS APPOINTED TO THE QUALITY COMMITTEE OF CONNECTICUT'S STATE INNOVATION MODEL TASK FORCE. THIS GROUP WILL RECOMMEND A CORE MEASUREMENT SET FOR USE IN THE ASSESSMENT OF PRIMARY

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CARE, SPECIALTY, AND HOSPITAL PROVIDER PERFORMANCE. THE COUNCIL WILL ALSO RECOMMEND A COMMON PROVIDER SCORECARD FORMAT FOR USE BY ALL PAYERS. THE MEASUREMENT SET WILL BE REASSESSED ON A REGULAR BASIS TO IDENTIFY GAPS, TO INCORPORATE NEW NATIONAL MEASURES AS THEY BECOME AVAILABLE, AND TO KEEP PACE WITH CHANGES IN TECHNOLOGY AND CLINICAL PRACTICE.

KIDS' FANS:

STAMFORD HOSPITAL'S KIDS' FANS (FITNESS AND NUTRITION SERVICES) PROGRAM PROMOTES CHILDHOOD WELLNESS, OBESITY PREVENTION AND PHYSICAL ACTIVITY USING A HANDS-ON CURRICULUM WHICH IS DESIGNED TO MAKE LEARNING ABOUT HEALTHY EATING AND REGULAR EXERCISE ENGAGING AND INTERACTIVE FOR CHILDREN AGES PRE-K TO HIGH SCHOOL. THE PROGRAM ENCOURAGES EMPOWERMENT AND TEACHES AGE-APPROPRIATE TOOLS AND SKILLS TO HELP KIDS BEST NAVIGATE THEIR FOOD ENVIRONMENT.

KIDS' FANS HAS BEEN PROVEN TO INCREASE CHILDREN'S AWARENESS OF HEALTHY FOODS AND POSITIVELY INFLUENCE THEIR DIETARY BEHAVIORS. THE PROGRAM HAS SIGNIFICANTLY GROWN SINCE ITS INCEPTION IN 2009 AND HAS EXPANDED ITS

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REACH IN THE LAST THREE YEARS FROM ABOUT THIRTEEN PARTICIPATING SITES AND 300 CHILDREN ENROLLED TO APPROXIMATELY 35 SITES AND OVER 2,200 CHILDREN ESTIMATED FOR THE 2016 - 2017 SCHOOL YEAR. THIS INITIATIVE INCLUDES A COMMUNITY-WIDE NUTRITION PROGRAM NOW BEING TAUGHT IN SCHOOLS FROM PRE-K TO HIGH SCHOOL, AS WELL AS IN SUMMER CAMPS, AFTER-SCHOOL PROGRAMS AND HEALTH FAIRS.

THE CURRICULUM WAS UPDATED TO INCLUDE MORE NUTRITIONAL THEMES, INTERACTIVE ACTIVITIES AND PRACTICAL TIPS FOR KIDS. THE PROGRAM WAS SUBSEQUENTLY PILOTED IN THREE STAMFORD ELEMENTARY SCHOOLS AND RECEIVED POSITIVE REVIEWS. AS A RESULT, KIDS' FANS WAS APPROVED TO TEACH NUTRITION EDUCATION TO ALL 3RD GRADERS (~1,284 STUDENTS) ENROLLED IN STAMFORD'S TWELVE PUBLIC ELEMENTARY SCHOOLS AS PART OF THEIR HEALTH CURRICULUM.

IN 2015, KIDS FANS' TEAMED UP WITH THE FAMILY CENTER'S SCHOOL BASED HEALTH CLINICS (SBHC) AT ONE MIDDLE SCHOOL AND, TWO HIGH SCHOOLS IN STAMFORD TO PROVIDE ONE-ON-ONE NUTRITION COUNSELING TO STUDENTS REFERRED FROM THE CLINIC'S NURSE PRACTITIONER OR SOCIAL WORKER OR AS REQUESTED BY

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THE STUDENTS THEMSELVES. THIS PROGRAM CONTINUES TO RUN SUCCESSFULLY.

AS CHILDREN DEVELOP THEIR FOOD PREFERENCES IN INFANCY, KIDS' FANS

PARTNERED WITH THE LARGEST CHILDCARE PROVIDERS IN FAIRFIELD COUNTY WITH

NEARLY 1,000 CHILDREN ENROLLED, TO TEACH NUTRITION EDUCATION TO PRE-K

STUDENTS (AGES 3 - 5) AND NUTRITION EDUCATION CLASSES FOR PARENTS TO

PROMOTE A HEALTHY HOME ENVIRONMENT.

KIDS' FANS COLLABORATES REGULARLY WITH STAMFORD'S URBAN, ORGANIC AND

COMMUNITY-BASED FAIRGATE FARM. IN SUMMER OF 2016, KIDS' FANS TAUGHT THE

CHILDREN'S NUTRITION COMPONENT OF FAIRGATE FARM'S ANNUAL STRAWBERRY JAM

FESTIVAL AND 6-WEEK SUMMER PROGRAM FOCUSED ON ENCOURAGING FARM-TO-TABLE

EATING AND IMPROVING ACCESS TO AFFORDABLE, WHOLE FOODS.

TO REACH KIDS DURING THE OFF-SEASON, KIDS' FANS PARTICIPATED IN FOUR

SUMMER CAMPS IN 2015 WHICH SINCE GREW TO SIX CAMPS DURING THE SUMMER OF

2016. OVER 600 CHILDREN RECEIVED KIDS' FANS CLASSES THIS PAST SUMMER AT

FIVE CAMP PROGRAMS.

KIDS' FANS CONTINUES TO TEACH AFTER SCHOOL PROGRAMS, WHICH INCLUDE A

COOKING COMPONENT TO EXPOSE KIDS TO NEW AND UNFAMILIAR FOODS AS WELL AS

TEACH KIDS HOW TO PREPARE SIMPLE BUT ALSO HEALTHY AND AFFORDABLE MEALS.

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COMMUNITY OUTREACH IS AN INTEGRAL PART OF HELPING KIDS' FANS CONTINUE TO PROMOTE HEALTHY EATING AND PHYSICAL ACTIVITY AND ITS PRESENCE AT LOCAL HEALTH FAIRS AND REQUEST FOR PRESENTATIONS IS ROBUST AND ONGOING.

IN-KIND COMMUNITY SUPPORT:

SH DONATES ITS CONFERENCE ROOMS WEEKLY TO THE RED CROSS FOR BLOOD DRAW AND WEEKLY AA MEETINGS. MONTHLY MEETINGS ARE DONATED TO THE NATIONAL ALLIANCE ON MENTAL HEALTH (NAMI-ADULTS) AND NEW THIS YEAR, A NAMI FOR CHILDREN AND ADOLESCENTS. SH HOSTS THE BUILDING1COMMUNITY BOARD MEETING; COMPASSIONATE FRIENDS, FOR PARENTS WHO HAVE LOST CHILDREN. THE TRI-STATE SCLERODERMA FOUNDATION, THE PARISH NURSES AND THE AMPUTEE SUPPORT GROUP.

ORTHOPEDECS:

HEALTH EDUCATION PROGRAMS FOCUSING ON ORTHOPEDIC HEALTH, SPORTS MEDICINE AND CONCUSSION PREVENTION INFORMATION.

WOMEN'S HEALTH:

PRESENTATIONS BY PHYSICIANS ON WOMEN'S HEART HEALTH, CONTROLLING HIGH BLOOD PRESSURE AND STRESS, WERE ALSO CONDUCTED THROUGHOUT THE YEAR AT BUSINESSES AND COMMUNITY CENTERS.